

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 OCT 21 PM 5:17

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CHILDERS FOR SENATE INC

ADDRESS (number and street)

PO BOX 246

Check if different
than previously
reported. (ACC)

BOONEVILLE

MS

38829

2. FEC IDENTIFICATION NUMBER ▼

C00559997

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
-
- REPORT

NEW
(N)

OR

AMENDED
(A)

MS

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
07 / 18 / 2015M M / D D / Y Y Y Y Y Y
07 / 18 / 2015M M / D D / Y Y Y Y Y Y
07 / 18 / 2015

through

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015M M / D D / Y Y Y Y Y Y
09 / 30 / 2015M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marilyn Jones

Signature of Treasurer

Marilyn Jones

Date

M M / D D / Y Y Y Y Y Y
10 / 12 / 2015M M / D D / Y Y Y Y Y Y
10 / 12 / 2015M M / D D / Y Y Y Y Y Y
10 / 12 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)

201510220200309321